

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2009

| (1)<br><u>Coverage</u>  | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private<br>Passenger Commercial       |   |   |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |   |   |
| 3. Liability Other Than Auto                                  |   |   |
| 4. Burglary and Theft   |   |   |
| 5. Glass  |   |   |
| 6. Fidelity   |   |   |
| 7. Surety   |   |   |
| 8. Boiler and Machinery                                       |   |   |
| 9. Fire   |   |   |
| 10. Extended Coverage   |   |   |
| 11. Inland Marine   |   |   |
| 12. Homeowners  |   |   |
| 13. Commercial Multi-Peril                                    |   |   |
| 14. Crop Hail   |   |   |
| 15. Other <u>Farmowners Multiperil</u>                        | 2,945.579   | +0.3 (estimated)                            |
| Line of Insurance   |   |   |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Revisions for our Farmowners Program. We are amending the rates and rules for Farm Property and Liability Coverages as well as the Farm Dwelling Property Rules and Farm Personal Property Rules.

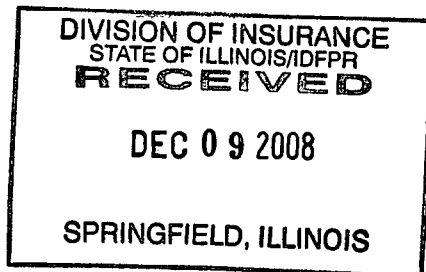
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Allied Property & Casualty Insurance Company  
Name of Company

*Timothy J. Storch*

VP – Product Development  
Official – Title



Serff NWCM-125935985

SUMMARY SHEET

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision  
Effective January 1, 2009

| (1)<br><u>Coverage</u>             | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|------------------------------------|---|---|
| 1. Automobile Liability            |   |   |
| Private Passenger                  |   |   |
| Commercial                         |   |   |
| 2. Automobile Physical Damage      |   |   |
| Private Passenger                  |   |   |
| Commercial                         |   |   |
| 3. Liability Other Than Auto       |   |   |
| 4. Burglary and Theft              |   |   |
| 5. Glass                           |   |   |
| 6. Fidelity                        |   |   |
| 7. Surety                          |   |   |
| 8. Boiler and Machinery            |   |   |
| 9. Fire                            |   |   |
| 10. Extended Coverage              |   |   |
| 11. Inland Marine                  |   |   |
| 12. Homeowners                     |   |   |
| 13. Commercial Multi-Peril         |   |   |
| 14. Crop Hail                      |   |   |
| 15. Other <u>Personal Umbrella</u> | <u>\$ 5,263,420</u>                                 | <u>+9.9%</u>                                |

Does filing only apply to certain territory (territories) or certain classes? No

If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify organization): Rate and Rule Revision for Personal Umbrella  
Change in base rates, Additional Vehicle charge, Recreational Vehicle charge,  
Youthful Driver charge, 50+ Discount, Additional layers of insurance

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will  
result from application of new rates.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company

*James P. Meyer*

Official - Title

James P. Meyer, ACP, AIM  
Senior Pricing Analyst/Filings

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability       |   |                                     |
| Private Passenger             |   |                                     |
| Commercial                    |   |                                     |
| 2. Automobile Physical Damage |   |                                     |
| Private Passenger             |   |                                     |
| Commercial                    |   |                                     |
| 3. Liability Other Than Auto  |   |                                     |
| 4. Burglary and Theft         |   |                                     |
| 5. Glass                      |   |                                     |
| 6. Fidelity                   |   |                                     |
| 7. Surety                     |   |                                     |
| 8. Boiler and Machinery       |   |                                     |
| 9. Fire                       |   |                                     |
| 10. Extended Coverage         |   |                                     |
| 11. Inland Marine             |   |                                     |
| 12. Homeowners                |   |                                     |
| 13. Commercial Multi-Peril    |   |                                     |
| 14. Crop Hail                 |   |                                     |
| 15. Other <u>EDSF</u>         | <u>\$89,500</u>                             | <u>+10.0%</u>                       |
| Line of Insurance             |   |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

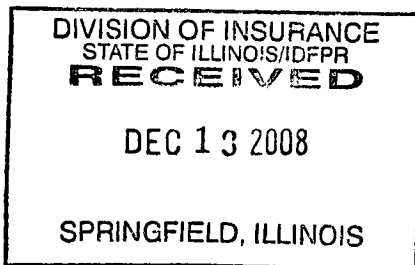
We are filing to adopt the following revision to our currently filed Equipment Dealers Stock Floater (EDSF) for use with policies written on or after May 1, 2009.

- Rate for Property Situated Outside Buildings will be changed from .540 to .747.

The commercial property Basic Group I rates used in rating EDSF are decreasing 18.3% (filed under separate cover). The above change and the BG1 decrease will result in an overall rate level increase of 10.0%. Our last revision was effective February 1, 2008 and resulted in no overall rate level change.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.



American Hardware Mutual  
Ins. Co.

Name of Company

serff MTRS-125949418

Michael L. Wiseman,  
Treasurer, CFO  
Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2009

| (1)<br>Coverage                  | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|----------------------------------|---|-------------------------------------|
| 1. Automobile Liability          |   |                                     |
| Private Passenger                |   |                                     |
| Commercial                       |   |                                     |
| 2. Automobile Physical Damage    |   |                                     |
| Private Passenger                |   |                                     |
| Commercial                       |   |                                     |
| 3. Liability Other Than Auto     |   |                                     |
| 4. Burglary and Theft            |   |                                     |
| 5. Glass                         | \$0   | +12.4%                              |
| 6. Fidelity                      |   |                                     |
| 7. Surety                        |   |                                     |
| 8. Boiler and Machinery          |   |                                     |
| 9. Fire                          | \$82,000                                    | -6.2%                               |
| 10. Extended Coverage            | \$34,000                                    | +9.5%                               |
| 11. Inland Marine                |   |                                     |
| 12. Homeowners                   |   |                                     |
| 13. Commercial Multi-Peril       |   |                                     |
| 14. Crop Hail                    |   |                                     |
| 15. Other Special Causes of Loss | \$59,000                                    | +12.4%                              |
| Line of Insurance                |   |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting revised loss costs to be adjusted by our revised loss cost multiplier.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Hardware Mutual  
Insurance Company

Name of Company

Michael L. Wiseman,  
Treasurer, CFO

Official - Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

FORM (RF-3)

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision  
effective 02/01/2009.

|     | (1)<br>Coverage                                | (2)<br>Annual Premium<br>Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1.  | Automobile Liability Private<br>Passenger      |  |                                    |
|     | Commercial                                     |  |                                    |
| 2.  | Automobile Physical Damag<br>Private Passenger |  |                                    |
|     | Commercial                                     |  |                                    |
| 3.  | Liability Other Than Auto                      |  |                                    |
| 4.  | Burglary and Theft                             |  |                                    |
| 5.  | Glass  |  |                                    |
| 6.  | Fidelity                                       |  |                                    |
| 7.  | Surety   |  |                                    |
| 8.  | Boiler and Machinery                           |  |                                    |
| 9.  | Fire   |  |                                    |
| 10. | Extended Coverage                              |  |                                    |
| 11. | Inland Marine                                  |  |                                    |
| 12. | Homeowners                                     |  |                                    |
| 13. | Commercial Multi-Peril                         |  |                                    |
| 14. | Crop Hail                                      |  |                                    |
| 15. | Other Businessowners                           | \$326,768                                    | -27.6%                             |
|     | Life of Insurance                              |  |                                    |

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify:

Yes; the RF-3 submitted reflects changes made to the laundry and

dry cleaners niche.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

This filing is a revision of previously approved rates and  
rules.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Argonaut Great Central Insurance Company

Name of Company

Mark P. Lucas - Corporate Secretary

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective June 1, 2009

| (1)<br><u>Coverage</u>  | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|---|---|---|
| 1. Automobile Liability Private<br>Passenger Commercial       |   |   |
| 2. Automobile Physical Damage<br>Private Passenger Commercial |   |   |
| 3. Liability Other Than Auto                                  |   |   |
| 4. Burglary and Theft   |   |   |
| 5. Glass  |   |   |
| 6. Fidelity   |   |   |
| 7. Surety   |   |   |
| 8. Boiler and Machinery                                       |   |   |
| 9. Fire   |   |   |
| 10. Extended Coverage   |   |   |
| 11. Inland Marine   |   |   |
| 12. Homeowners  |   |   |
| 13. Commercial Multi-Peril                                    |   |   |
| 14. Crop Hail   |   |   |
| 15. Other <u>General Liability</u>                            | \$6, 821, 921                                       | +1.3%                                       |
| Line of Insurance   |   |   |

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
We are adopting ISO General Liability Increased Limit Factors revision described in GL-2008-IALL1 without modification.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Everest National Insurance Company  
Name of Company

Mitchell Merberg, Vice President  
Official - Title

**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective  
April 1, 2009

| (1)<br>Coverage                                    | (2)<br>Annual Premium<br>Volume (Illinois) * | (3)<br>Percent<br>Change (+ or -) ** |
|--|--|--------------------------------------|
| 1. Automobile Liability<br>Private Passenger       |  |                                      |
| Commercial   |  |                                      |
| 2. Automobile Physical Damage<br>Private Passenger |  |                                      |
| Commercial   |  |                                      |
| 3. Liability Other Than Auto                       |  |                                      |
| 4. Burglary and Theft                              |  |                                      |
| 5. Glass   |  |                                      |
| 6. Fidelity  |  |                                      |
| 7. Surety  |  |                                      |
| 8. Boiler and Machinery                            |  |                                      |
| 9. Fire  |  |                                      |
| 10. Extended Coverage                              |  |                                      |
| 11. Inland Marine                                  |  |                                      |
| 12. Homeowners                                     |  |                                      |
| 13. Commercial Multi-Peril                         |  |                                      |
| 14. Crop Hail                                      |  |                                      |
| 15. Other <u>Motorcycle</u>                        | \$3,166,404                                  | +10.30%                              |
| Line of Insurance                                  |  |                                      |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No

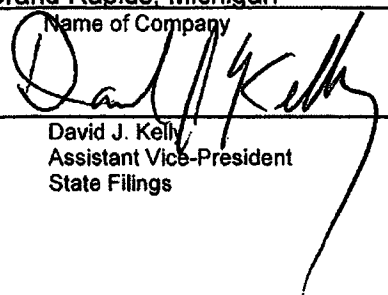
|   |
|---|
| Brief description of filing. (If filing follows rates of an advisory organization, specify organization): |
| Changes made to Cancellation; Stolen Vehicle Recovery System; and Joint Ownership Coverage                |
| rules. Changes made to Credit-Based Risk Assessment Score; Classification; Premium                        |
| Determination; Base Premiums; Age of Vehicle; Motorcycle Safety Course Instructor; Operator               |
| Age and Marital Status; Personal Responsibility; Affinity Group; Alliance; Multi-Policy; Renewal;         |
| and Towing, Roadside Assistance, and Trip Interruption.   |

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from applicable of new rates.

Foremost Insurance Company  
Grand Rapids, Michigan

Name of Company

  
David J. Kelly  
Assistant Vice-President  
State Filings

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 5/1/09

| (1)<br>Coverage               | (2)<br>Annual Premium<br>Volume (Illinois)* | (3)<br>Percent<br>Change (+ or -)** |
|-------------------------------|---|-------------------------------------|
| 1. Automobile Liability       |   |                                     |
| Private Passenger             |   |                                     |
| Commercial                    |   |                                     |
| 2. Automobile Physical Damage |   |                                     |
| Private Passenger             |   |                                     |
| Commercial                    |   |                                     |
| 3. Liability Other Than Auto  |   |                                     |
| 4. Burglary and Theft         |   |                                     |
| 5. Glass                      |   |                                     |
| 6. Fidelity                   |   |                                     |
| 7. Surety                     |   |                                     |
| 8. Boiler and Machinery       |   |                                     |
| 9. Fire                       |   |                                     |
| 10. Extended Coverage         |   |                                     |
| 11. Inland Marine             |   |                                     |
| 12. Homeowners                |   |                                     |
| 13. Commercial Multi-Peril    |   |                                     |
| 14. Crop Hail                 |   |                                     |
| 15. Other <u>GL</u>           | <u>\$5,321,040</u>                          | <u>+0.6%</u>                        |
| Line of Insurance             |   |                                     |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting ISOs GL Increased Limit Factors

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Frankenmuth Mutual Insurance Com  
Name of Company

Shelly Hawes  
R&D Senior Associate  
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/2009 new and 3/1/2009 renewals.

| (1)  | (2)  | (3)                                  |
|--|--|--------------------------------------|
| <u>Coverage</u>  | <u>Annual Premium<br/>Volume (Illinois)*</u> | <u>Percent<br/>Change (+ or -)**</u> |
| 1. Automobile Liability<br>Private Passenger<br>Commercial       |  |                                      |
| 2. Automobile Physical Damage<br>Private Passenger<br>Commercial |  |                                      |
| 3. Liability Other Than Auto                                     |  |                                      |
| 4. Burglary and Theft  |  |                                      |
| 5. Glass   |  |                                      |
| 6. Fidelity  |  |                                      |
| 7. Surety  |  |                                      |
| 8. Boiler and Machinery  |  |                                      |
| 9. Fire  |  |                                      |
| 10. Extended Coverage  |  |                                      |
| 11. Inland Marine  |  |                                      |
| 12. Homeowners   |  |                                      |
| 13. Commercial Multi-Peril                                       |  |                                      |
| 14. Crop Hail  |  |                                      |
| 15. Other <u>Commercial Crime</u>                                | <u>\$1,429</u>                               | <u>-15.5%</u>                        |
| Line of Insurance  |  |                                      |

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No.

Brief description of filing. (If filing follows rates of an advisory  
organization, list organization): Company acceptance of the most recently filed loss  
costs by I.S.O., resulting in an overall Company rate change of -15.5%.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

Goodville Mutual Casualty Company  
Name of Company

Brian Frankhouser, Actuarial Analyst  
Official - Title

## SUMMARY SHEET

| Change in company's premium or rate level produced by rate revision effective : |                    |                     |   |
|---|--------------------|---------------------|---|
|   | <u>12/15/08</u>    | <u>New Business</u> | <u>02/01/09</u> <u>Renewal Business</u> |
| (1)   | (2)                | (3)                 |   |
| Coverage  | Annual Premium     | Percent             |   |
|   | volume (Illinois)* | Change (+ or -)**   |   |
| 1 Automobile Liability  |                    |                     |   |
| Private Passenger   |                    |                     |   |
| Commercial  |                    |                     |   |
| 2 Automobile Physical Damage  |                    |                     |   |
| Private Passenger   |                    |                     |   |
| Commercial  |                    |                     |   |
| 3 Liability Other Than Auto   |                    |                     |   |
| 4 burglary and Theft  |                    |                     |   |
| 5 Glass   |                    |                     |   |
| 6 Fidelity  |                    |                     |   |
| 7 Surety  |                    |                     |   |
| 8 Boiler and Machinery  |                    |                     |   |
| 9 Fire  | 93,074             | 16.0%               |   |
| 10 Extended Coverage  | 86,900             | 16.0%               |   |
| 11 Inland Marine  |                    |                     |   |
| 12 Homeowners   |                    |                     |   |
| 13 Commercial Multi-Peril   |                    |                     |   |
| 14 Crop Hail  |                    |                     |   |
| 15 Other  |                    |                     |   |
| Line of Insurance   | 179,974            | 16.0%               |   |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NO

Brief Description of filing. (If filing follows rates of an advisory organization, specify organization):

Flat base rate increase.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

IL-2008-016-MF-DP-RA  
COMPANY TRACKING NO:

Millers First Insurance Company

FEIN # 37-0420520

Name of Company

Regina M. Wethington

Filing Coordinator

Official-Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
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DEC 11 2008

SPRINGFIELD, ILLINOIS

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## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Revised

Change in Company's premium or rate level produced by rate revision  
effective 12-1-08 New; 2-15-09 Renewal.

|     | (1)<br>Coverage                                | (2)<br>Annual Premium<br>Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1.  | Automobile Liability Private<br>Passenger      |  |                                    |
|     | Commercial                                     |  |                                    |
| 2.  | Automobile Physical Damag<br>Private Passenger |  |                                    |
|     | Commercial                                     |  |                                    |
| 3.  | Liability Other Than Auto                      |  |                                    |
| 4.  | Burglary and Theft                             |  |                                    |
| 5.  | Glass  |  |                                    |
| 6.  | Fidelity                                       |  |                                    |
| 7.  | Surety   |  |                                    |
| 8.  | Boiler and Machinery                           |  |                                    |
| 9.  | Fire   |  |                                    |
| 10. | Extended Coverage                              |  |                                    |
| 11. | Inland Marine                                  |  |                                    |
| 12. | Homeowners                                     |  |                                    |
| 13. | Commercial Multi-Peril                         |  |                                    |
| 14. | Crop Hail                                      |  |                                    |
| 15. | Other Businessowners                           | \$8,919,263                                  | -0.7%                              |
|     | Life of Insurance                              |  |                                    |

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: Yes - only Equipment Breakdown Coverage.

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Revise rating methodology for Equipment Breakdown Coverage.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

PEKIN INSURANCE COMPANY

Name of Company

R.M. MCGANN - Director of Pricing & Regulatory Filings, Assistant Secretary

Official - Title

SUMMARY SHEETChange in Company's premium or rate level  
produced by rate revision effectiveJanuary 1, 2009 for new business and March 1, 2009 for  
renewals.

| (1)<br><u>Coverage</u> |                            | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|------------------------|----------------------------|---|---|
| 1.                     | Automobile Liability       |   |   |
|                        | Private Passenger          |   |   |
|                        | Commercial                 |   |   |
| 2.                     | Automobile Physical Damage |   |   |
|                        | Private Passenger          |   |   |
|                        | Commercial                 |   |   |
| 3.                     | Liability Other Than Auto  |   |   |
| 4.                     | Burglary and Theft         |   |   |
| 5.                     | Glass                      |   |   |
| 6.                     | Fidelity                   |   |   |
| 7.                     | Surety                     |   |   |
| 8.                     | Boiler and Machinery       |   |   |
| 9.                     | Fire                       |   |   |
| 10.                    | Extended Coverage          |   |   |
| 11.                    | Inland Marine              |   |   |
| 12.                    | Homeowners                 |   |   |
| 13.                    | Commercial Multi-Peril     |   |   |
| 14.                    | Crop Hail                  |   |   |
| 15.                    | Other                      |   |   |
|                        | Commercial                 |   |   |
|                        | Liability Umbrella         | \$3,077,985   | -1.1%                                       |
|                        | Line of Insurance          |   |   |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Rate Revision

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.State Farm Fire and Casualty Company

Name of Company

Gregory S. Girard, Actuary and Assistant Secretary-Treasurer

Official - Title

SUMMARY SHEETChange in Company's premium or rate level produced by rate revision effective 3-1-2009

| (1)<br><u>Coverage</u> |  | (2)<br><u>Annual Premium<br/>Volume (Illinois)*</u> | (3)<br><u>Percent<br/>Change (+ or -)**</u> |
|------------------------|--|---|---|
| 1.                     | Automobile Liability                               |   |   |
|                        | Private Passenger                                  |   |   |
|                        | Commercial   |   |   |
| 2.                     | Automobile Physical Damage                         |   |   |
|                        | Private Passenger                                  |   |   |
|                        | Commercial   |   |   |
| 3.                     | Liability Other Than Auto                          |   |   |
| 4.                     | Burglary and Theft                                 |   |   |
| 5.                     | Glass  |   |   |
| 6.                     | Fidelity   |   |   |
| 7.                     | Surety   |   |   |
| 8.                     | Boiler and Machinery                               |   |   |
| 9.                     | Fire   |   |   |
| 10.                    | Extended Coverage                                  |   |   |
| 11.                    | Inland Marine                                      |   |   |
| 12.                    | Homeowners   |   |   |
| 13.                    | Commercial Multi-Peril                             |   |   |
| 14.                    | Crop Hail  |   |   |
| 15.                    | Other <u>Contractors Businessowners - Property</u> | <u>787,355</u>                                      | <u>-19.57%</u>                              |
|                        | Line of Insurance                                  |   |   |

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

See Cover Letter

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

See Cover Letter

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

West Bend Mutual Insurance Company

Name of Company

Suzanne Fleuchaus

Product Development Specialist

Official - Title

## Section 754 EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

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IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision  
effective 12/01/08

|     | (1)<br>Coverage                                | (2)<br>Annual Premium<br>Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1.  | Automobile Liability Private<br>Passenger      |  |                                    |
|     | Commercial                                     |  |                                    |
| 2.  | Automobile Physical Damag<br>Private Passenger |  |                                    |
|     | Commercial                                     |  |                                    |
| 3.  | Liability Other Than Auto                      |  |                                    |
| 4.  | Burglary and Theft                             |  |                                    |
| 5.  | Glass  |  |                                    |
| 6.  | Fidelity                                       |  |                                    |
| 7.  | Surety   |  |                                    |
| 8.  | Boiler and Machinery                           |  |                                    |
| 9.  | Fire   |  |                                    |
| 10. | Extended Coverage                              |  |                                    |
| 11. | Inland Marine                                  |  |                                    |
| 12. | Homeowners                                     |  |                                    |
| 13. | Commercial Multi-Peril                         |  |                                    |
| 14. | Crop Hail                                      |  |                                    |
| 15. | Other Professional Liability                   | \$75,513                                     | -41%                               |
|     | Life of Insurance                              |  |                                    |

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

WSC is updating the Tax Preparers' Professional Liability program.

Increasing coverage options, premiums and deductible, adding new components and updating the forms.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Western Surety Company

Monte R. Hanson Name of Company  
Monte R. Hanson - Vice President  
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Corrected effective  
date. Incorrectly listed  
as 07 instead of 08.

Change in Company's premium or rate level produced by rate revision  
effective 10/28/08.

|     | (1)<br>Coverage                                | (2)<br>Annual Premium<br>Volume (Illinois) * | (3)<br>Percent<br>Change (+or-) ** |
|-----|--|--|------------------------------------|
| 1.  | Automobile Liability Private<br>Passenger      |  |                                    |
|     | Commercial                                     |  |                                    |
| 2.  | Automobile Physical Damag<br>Private Passenger |  |                                    |
|     | Commercial                                     |  |                                    |
| 3.  | Liability Other Than Auto                      |  |                                    |
| 4.  | Burglary and Theft                             |  |                                    |
| 5.  | Glass  |  |                                    |
| 6.  | Fidelity                                       |  |                                    |
| 7.  | Surety   |  |                                    |
| 8.  | Boiler and Machinery                           |  |                                    |
| 9.  | Fire   |  |                                    |
| 10. | Extended Coverage                              |  |                                    |
| 11. | Inland Marine                                  |  |                                    |
| 12. | Homeowners                                     |  |                                    |
| 13. | Commercial Multi-Peril                         |  |                                    |
| 14. | Crop Hail                                      |  |                                    |
| 15. | Other Businessowners                           | 2508822                                      | -3.0%                              |
|     | Life of Insurance                              |  |                                    |

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No-applicable to all territories and classes

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): We are adopting rate change through rate decreases in  
the base rates for IL BOP program.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Westfield Insurance Company

Name of Company

Cassie VanValkenburgh, Line of Business Specialist

Official - Title